



# **Washington Apple Health Supplemental Form**

(Used for Long-Term Care/Aged, Blind, Disabled Coverage)

General Information								
First name	Middle initial	Last name	ast name			ACES Client ID number		
Date of Birth (mm/dd/yyyy)	SSN:							
I, my spouse, or someone in my househo	ld is applying for	·:	<u>I</u>					
☐ Health Care Coverage for Aged, Blind, or Disabled ☐ Healthcare for Workers with Disabilities (HWD)								
☐ Medicare Savings Program ☐ Hospice care								
☐ In-Home caregiver services ☐ Assisted Living/Adult Family Home ☐ Nursing Home care ☐ Child/Family Institutional Care (Hospital/CLIP)								
☐ Nursing Home care☐ Help with medical bills (from last thre	e months)		-		ministration			
		<u> </u>				_		
In the past 30 days, I received health car	_					] No		
I or someone in my household is a spons								
I or someone in my household served in								
I or someone in my household is the deper	ndent or spouse o	of someone (living	g or deceased	d) who serve	ed in the mili	tary?		
Yes No								
I have a tax dependent I have not yet inc						No		
If yes: Tax Dependent's Name:		Date of Bir	h:	SSN	N:			
I am: Single Married living with	n spouse \ N	larried living apa	art from spo	use 🗌 🗆	Divorced [	Widowed		
☐ In a registered Domestic Partn	ership 🔲 Le	egally separated						
_								
Income Information								
I, my spouse, or someone in my househo						T		
	Who Receive the Income			Who Receives the Income		Gross Monthly Amount		
Trusts	the income	\$	June	the income		\$		
Labor & Industries (L&I or insurance)			\$			\$		
Child support		\$				\$		
Sales Contracts/Promissory Notes				\$		\$		
Gifts (cash support/gift cards)				\$		\$		
Other						\$		
I, my spouse, or someone in my household receives income from an annuity investment?*   Yes   No								
			nount or Value Mon		me Da	te Purchased		
	\$ \$		\$ \$					
 *If you, or your spouse, have an interest ir	n an annuity and	•		ole Health (I	 Medicaid) Lo	ong		

Term Care benefits, you must name the State of Washington as a remainder beneficiary of the annuity.

HCA 18-005 (5/13)

<b>Housing Inform</b>	ation									
I pay a monthly housi If yes, list monthly ar			ortgage, condomin —	ium fee	s or prope	rty taxes)	Yes N	lo		
Resources (Skip t	this secti	on if only a	applying for Healtl	hcare fo	or Worker	s with Disa	bilities)			
A resource is anythir others. A resource d										
Cash		Mutual Funds			Houses, including the one you live in			Life insurance		
Checking accounts		Stocks	ks		Burial funds			Prepaid funeral plans		
Savings accounts		Annuities	;		Condominium			College funds		
CDs		Trusts		Land		Time-share				
Money market accou	unt	IRA		Sa	Sales Contracts		Business equipment			
Savings bonds		401K		Buildings		Farm equipment				
Bonds		Retiremer	t fund Life estate		Livestock					
Please list the resou	irces you	ı, your spoı	use, or anyone yo	u are a <sub>l</sub>	pplying fo	r owns or is	s buying:			
Resource	Wh	io Owns			'alue	Who Owns		Where Held	Value	
				\$					\$	
				\$					\$	
				\$					\$	
				\$					\$	
				\$					\$	
				\$					\$	
				\$					\$	
I, my spouse, or someone I'm applying for have cars, trucks, vans, boats, RVs, trailers, or other motor vehicles:										
Year (E.G. 2010)	Make (I	E.G. Ford)	Model(E.g. Esc	Model(E.g. Escort)		Check if Leased		If Used For al Purposes	Amount Owed	
									\$	
						Ц			\$	

## Additional Long Term Care Resource Questions (Complete only if you are applying for LTC services)

Property Address				\$		rent Value r Assessor)	Loan Amounts Owed on the Property		
				\$	+			\$	
. my spouse, or someone I ar				away, or tr			I		
including, trusts, vehicles, ca	-			If yes, com					
Type of Resource	Date of Trans	fer		ue of Reso	urce Trai	nsferred	Who Was it Transferred		
			\$						
			\$						
			\$						
			Ą						
Long Term Care Insura	nce (Not neede	ed for N	1edicar	re Saving	s Progra	am)			
I/we have long-term care ins		☐ No	1			artnership (L <sup>-</sup>	 ΓCP)policy	? Yes No	
If yes, please list the name o	of the insurance com	npany(s) a	ind who	the policy c	overs.				
Insurance Company	Policy Number	er Polic	y Holdei	r's Name	С	overed Perso	on	Dollar value (if LTCP)	
								\$	
								\$	
								\$	
	·								
Deductions									
I, my spouse, or someone I a	am applying for pay	or are su	pposed t	to pay (chec	k all that	apply):			
				thly Amour	nt		Who Pa	ays	
Child or Adult Dependent Ca			\$						
Court ordered child support	<u> </u>		\$						
Payee Fees			\$						
Guardianship Fees			\$						
Court ordered attorney fees			\$						
Recurring Medical Expenses (include Medicare or other health insurance premiums you pay)			\$						
I, my spouse, or someone I a		s medical	expense	es:					
Medical Expense Type Date In		curred Amount Owed		Who Owes		Owes			
<u> </u>				\$					
				\$					
				\$					
I am disabled and working a (IRWE).  Yes No If yes, list o	and have expenses expense(s) amour		ole me to	o work. The	se are ca	lled impairm	ent relate	d work expenses	

### **Read Carefully Before Signing**

#### Repaying the State for Health Care Coverage and Long-Term Care:

By law, if you are age 55 or older and receive Washington Apple Health (Medicaid) or long-term care services, Health Care Authority (HCA) may recover from your estate (assets you own at the time of your death) to repay HCA for the costs of health care coverage, medical services, and long-term care (including Washington Apple health (Medicaid) personal care services). Medicare cost sharing expenses paid by Medicare Savings Program are exempt. HCA may recover the costs for state-only funded long-term care services received at any age. These are called Estate Recovery. Tribal lands may be exempt from recovery.

Long-Term Care services include COPES, Washington Apple Health (Medicaid) Personal Care, nursing home services, adult day health, private duty nursing, and the following four Developmental Disabilities Administration (DDA) and Home and Community based Services (HCBS) waivers: Basic, Basic Plus, Core, and Community Protection along with other services provided by Home and Community Services and the Developmental Disabilities Administration.

Estate recovery doesn't occur until after your death and the death of your surviving spouse, if any. If you have dependent heirs, estate recovery may be delayed for some hardship reasons.

If you are permanently living in a nursing home or other medical facility, HCA may file a lien against your property to repay the costs of health care coverage, medical services, and long-term care you received. If you return home, HCA will release the lien. HCA won't file a lien against your home if:

- Your spouse lives there.
- Your child who is blind, disabled, or under 21 lives there.
- Your sibling who has an equity interest in the home lives there and has lived there for at least one year immediately before you entered the facility.

#### **Administrative Hearing Rights:**

If you disagree with a decision we have made regarding your health care coverage or long-term care services, you have the right to appeal the decision through the administrative hearing process. You may also ask a supervisor and administrator to review the disputed decision or action without affecting your rights to an administrative hearing.

### **Declaration and Signature**

I have read and understood the information in this application. I declare, under penalty of perjury under the laws of the State of Washington that the information I have given in this application, including the information concerning citizenship and immigration status of the members applying for benefits, is true, correct, and complete to the best of my knowledge.

status of the members applying for benefits, is true, correct, and complete to the best of my knowledge.	
Signature of Applicant or Authorized Representative	
Date	
Printed Name of Applicant or Authorized Representative	